

Society for the Protection of Unborn Children

This is an evidence-based rapid response to the Terence Higgins Trust briefing on Sex and Relationships Education, issued 6 September 2010.

In this response, web-links are given to authorities cited. Links to publicly accessible sources are given wherever available.

(THT's briefing is shown in this typewriter-style font: **SPUC** comments are inserted in this bold sans-serif font.)

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THT: Terrence Higgins Trust briefing
Ten Minute Rule Motion
Sex and Relationships Education - Chris Bryant
Wednesday 8th September 2010

Terrence Higgins Trust (THT) is the UK's largest HIV and sexual health charity. THT supports statutory Sex and Relationships Education (SRE). SRE combines information on sex with information on the emotional and practical aspects of human relationships.

As a sexual health charity THT is concerned by the increase of HIV, chlamydia and other sexually transmitted infections (STIs) in the UK. This briefing therefore focuses on how SRE can address this problem.

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SRE has a positive impact on sexual behaviour

**SPUC
comment**

Sex education has been a major plank of Labour's failed 10-year teenage pregnancy strategy – which has seen the rate of abortions rise, (in 1999 there were 35,344 abortions among 15-19 year olds: in 2009 there were 39,020 in the same age group, a rise of 3,676) Data source: <http://www.statistics.gov.uk/statbase/product.asp?vlnk=68>

Sexually transmitted infections have risen persistently over the same period.

In 2000 there were 278,783 new diagnoses of STIs at UK GUM clinics. In 2009 there were 383,349. (This may reflect other factors besides an increase in the rate of STIs – e.g. more cases seen at GUM clinics rather than by GPs, and better diagnosis, but the underlying trend is a strongly increasing one.)

Data source:

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1215589013908

THT:

A number of studies have shown that good SRE can be effective in changing young people's sexual behaviour.

A 1997 Department of Health commissioned report by the University of York, *Preventing and reducing the adverse effects of unintended teenage pregnancies*, evaluated past research into different school-based approaches to reducing teenage pregnancy. Abstinence programmes were found not to delay sexual activity or reduce teenage pregnancy. Programmes which take a broader approach to sex education by highlighting contraceptive use and exploring the emotional and psychological reality of sex and relationships had considerable success in reducing teenage pregnancy and either had some success in delaying sexual activity or had no effect.

**SPUC
comment**

What the York report actually stated was:

"The literature searches revealed a complete lack of UK-based controlled evaluations of the effectiveness or cost-effectiveness of different approaches to the delivery of contraceptive services to young people."(p.7)

<http://www.york.ac.uk/inst/crd/EHC/ehc31.pdf>

(Warning – the York report itself adds much 'spin' to the academic evidence, especially using headings which do not always reflect the research it purports to summarise.)

Of 'abstinence programmes' the York report says:

"When compared to the usual sex education, abstinence programmes were not found to have any additional effect on either delaying sexual activity or reducing pregnancy." (p.3)

Two references are cited in support: one is by Jorgensen. (Jorgensen, SR. Project taking charge; an evaluation of an adolescent pregnancy prevention program, *FAMR* 1991;40, 373-80)

The results of the Jorgensen study (and a six month follow-up - apparently misquoted as a six week follow-up) are summarised on page 5 of the York report, but the summary contradicts the statement on page 3. The study *did* indicate a lower rate of "abstinence programme" participants starting to have sex (in particular there was a much lower rate among boys). This result would not by itself prove that this programme or abstinence programmes in general were effective, since it involved only a relatively small group, but to claim in the light of this that such programmes were not found to have "any additional effect" is misleading. The other study cited is not summarised in the York report (presumably because it was not a randomised controlled trial),

More recently, a study published in February 2010 by Dr John Jemmott found that lessons promoting abstinence led to a reduction of about a third in the number of 12-14 year-olds starting to have sex, compared to lessons promoting “safe-sex” and condom use.

(<http://archpedi.ama-assn.org/cgi/content/short/164/2/152>)

THT:

Similarly a 2007 review by the U.S. ‘Guttmacher Institute’, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*”, concluded that ‘there does not exist any strong evidence that any abstinence programs delay the initiation of sex, hasten the return to abstinence, or reduce the number of sexual partners’. In contrast **a substantial majority of the comprehensive sex education programs reviewed were effective. Positive outcomes** included delaying the initiation of sex, reducing the frequency of sex, reducing the number of sexual partners and increasing condom or contraceptive use.

**SPUC
comment**

The Guttmacher institute was established by the pro-abortion US Planned Parenthood Federation, which is ideologically committed to abortion and opposes abstinence programmes and such measures as parental notification laws (telling parents before minors are subjected to abortion). Some of their publications are academically rigorous, but their *raison d’être* is to promote abortion.

A peer-reviewed article in the Nursing Times by UK researcher Professor David Paton contradicts THTs conclusion: [Paton, Nursing Times, 2009](#)

Furthermore, THT’s comment about “comprehensive sex education” does not explain that US researchers use this term to mean programmes which both promote chastity and, for those who are sexually active, condoms or other contraceptives.

Jemmott’s US study, cited above, contradicts the Guttmacher research. (SPUC does not hold a brief for Jemmott’s approach to abstinence education, but the point is that THT has not done its homework and hence this briefing incorrectly dismisses the abstinence approach in favour of condoms.

THT:

Statutory PSHE will improve teaching of PSHE

Respondents to a THT/UNICEF survey of young people reported huge differences in the content and delivery of the sex education they received, depending heavily on the quality of teaching. The introduction of PSHE as a statutory subject will raise standards in teaching through Initial Teacher Training, Continuing Professional Development and increased specialism

in the subject. THT hopes that statutory PSHE will eventually lead to every school having a fully qualified PSHE teacher as a requirement.

A recent report by the Independent Advisory Groups on Teenage Pregnancy and on Sexual Health and HIV stated that:

- Access to PSHE will remain inequitable unless it is made a statutory foundation subject at all levels within the National Curriculum;
- A stronger and more visible leadership is needed at all levels to ensure that PSHE is taken seriously in schools and afforded the necessary time and resources to be taught successfully and comprehensively.

**SPUC
comment**

Making PSHE part of the national curriculum will not improve sexual health if the current typical UK approaches to classroom SRE continue. In fact the reverse may be the case – sexual health might be further damaged. Different approaches, such as making more effort to engage parents, need to be explored.

THT:

Young people's sexual behaviour in the UK needs to be addressed

Data suggests young people are having more sexual partners from a younger age, and are frequently not protecting themselves from STIs.

Condoms

- 75% of sexually active 16- to 24-year-olds reported not using condoms.
- On average young people admitted to having had an average of 6.81 sexual partners, and to having had unprotected sex with an average of 3.44 partners

(Staying Alive foundation survey, June 2009)

Young people having sex

Evidence suggests young people are having sex at an increasingly early age.

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Accessing information on sex

Without SRE, young people are forced to depend on less accurate sources of information on sex. Parents can feel awkward or themselves lack confidence or knowledge to sufficiently educate their children.

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Without good quality SRE, young people are under pressure from many sources to have sex without proper help to make informed decisions about sex and relationships.

**SPUC
comment**

Young people's sexual behaviour certainly needs to be addressed, but THT is suggesting approaches that have been tried and tested, and have failed with disastrous results for hundreds of thousands of young people.

THT:

Sexually Transmitted Infections in the UK are spreading

Rates of HIV, chlamydia and other STIs are increasing at a fast and costly rate. Statutory PSHE will start to address these problems:

- Young people account for just 12% of the population, but account for more than half of all STIs diagnosed in the UK.
- There were about 500,000 diagnoses of STIs in the UK in 2009
- 1 in 14 sexually active 16-24 year olds in the UK test positive for chlamydia.
- The number of people living with HIV in the UK has trebled since 1997 with over 7,000 diagnoses per year. Each case costs the NHS about a third of a million pounds over a lifetime.

(HPA data)

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**SPUC
comment**

...But classroom SRE has a poor track record in reducing the key factors that drive the spread of STIs and lead to unwanted pregnancies – such as sex between unmarried people. Simply providing more and better classroom SRE does not improve the outcomes. This was the conclusion of the MRC's long-term research programme into the sophisticated UK-designed “SHARE” SRE programme. It failed to reduce teenage pregnancies or abortions.

See: [Henderson, BMJ, 2007](#)

For further briefings on SRE and other school interventions promoting abortion, please contact:

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